

Membership Application

(First)	(MI)	(Las	st)
Address:		<u>-</u>	
(Street)	(City)	(State)	(Zip)
Phone: (Home)	(Cell)		
Email:			
Gender: Male Female	Birthdate:		
Parent/Guardian Name: (if under 18):	Phon	e:	
Emergency Contact:	Phone	Phone:	
pe of membership: 5-8 Years(Adult supervision required) 24-65 Years	Age 4 & Under (Adult supervis 9-14 Years (Adult supervis 66-80 Years	ion required)	15-23 Years 81 & Better (
Ctatement of Understanding (Required	to Inin)		
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